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1959

CAMELFORD RURAL DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the year

1959



Health Area Office,
LAUNCESTON,
Cornwall.

WILLIAM PATERSON, M.B., Ch.B., D.P.H.
Medical Officer of Health

A faint, grayscale background image of a classical building, possibly a temple or a library, featuring four prominent columns supporting an entablature. The building is set against a light, cloudy sky.

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CAMELFORD RURAL DISTRICT COUNCIL

Members of the Public Health Committee 1959.

Cllr.J.A.M.Kent - Chairman
Cllr.F.J.W.Whiting - Vice-Chairman

Cllr.P.W.M.Banbury

" W.Boney
" H.Bray
" J.W.P.Coggin
" J.R.Collett
" W.Colwill
" E.Dennis
" E.R.Elson
" W.H.Flower
" C.C.H.Greaves
" W.J.Harris
" H.C.Hawken
" F.Heard
" M.H.Hicks
" W.T.Hilton

Cllr.G.A.Iles

" S.C.Langdon
" A.S.MacPherson
" J.Matthews
" M.Olde
" W.E.Parsons
" K.A.Sprayson
" Mrs.J.M.Symonk
" T.B.Wakeham
" J.Ward
" W.Ward
" Mrs.J.B.Whitehouse
" A.D.Wroth
" W.H.Venning

Public Health Officers of the Local Authority:

Medical Officer of Health:

W.Paterson, M.B., Ch.B.,D.P.H.

also holds appointments of:

Medical Officer of Health - Launceston Rural District Council
Launceston Borough Council
Bude/Stratton Urban District Council
Stratton Rural District Council

Assistant County Medical Officer: Area 6 Cornwall County Council

School Medical Officer:

Cornwall County Council

Public Health Inspector:

R.R.Haylett, M.R.S.H., M.A.P.H.I.

SUMMARY OF VITAL STATISTICS

Area (in acres)	52,544
Population	7,220
No. of separate Dwellings occupied	2,489
Rateable Value 1959	£59,716
Product of ld. rate	£232 Estimate

<u>Live Births</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Rate per 1,000 estimated population</u>
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Legitimate	89	52	37	13.02
Illegitimate	5	4	1	

<u>Stillbirths</u>	1	-	1	10.64 per 1,000 total births
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Deaths (all causes)

100	45	55	13.85
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Deaths from: Puerperal Causes - NIL
 Puerperal and post abortive
 Sepsis - NIL
 Other Puerperal Causes - NIL

Infant Mortality (Deaths under 1 year per 1,000 live births)

5	3	2	53.19
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	<u>Male</u>	<u>Female</u>	<u>Total</u>
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Deaths from Cancer (all ages)	4	6	10
Measles (all ages)			NIL
Whooping Cough (all ages)			NIL
Diarrhoea (under 2 years)			NIL

To the Chairman and Councillors of the Rural District of Camelford.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the Medical Officer of Health for the year 1959.

The number of live births fell by eleven and the number of deaths by five, producing an adverse balance of deaths over births. The total population, however, remained unchanged. Once more heart disease in all its forms headed the list of causes of death, followed by vascular lesions of the nervous system and cancer, in that order. There was one stillbirth, and the deaths of five infants in the first year of life were recorded. Four of these deaths were in the group now classified as perinatal deaths.

The incidence of infectious disease was low. One case of meningo-coccal meningitis and one case of non-paralytic poliomyelitis were notified. Vaccination against the latter disease continued during the year.

During the year, discussions took place on the amalgamation of water undertakings in the area. Such amalgamations are a matter of government policy and, while the passing of local control may give rise to some regrets, it appears, on a balanced view, that the advantages of such mergers will greatly outweigh the disadvantages. The increased resources of the new boards, for one thing, should, in time, enable the less fortunate constituent members to have a more adequate water supply than would otherwise be the case. This is especially important in a holiday area, where the demand may increase considerably almost overnight at the peak of the season. The hot, dry summer of 1959 focussed considerable attention on problems of this nature, both in the Rural District and elsewhere.

I should like to express my thanks to Mr. Haylett, the Council's Surveyor and Public Health Inspector, for his valuable assistance in the preparation of this report and in all aspects of our work together. To Mr. Hawkey, the Clerk of the Council, and his staff, I am indebted for much help and I am glad to continue the record of my appreciation of the co-operation of the General Medical Practitioners of the district.

It is a pleasure, once again, to acknowledge the Council's constant encouragement and support.

I have the honour to be,

Your obedient Servant,

WILLIAM PATERSON

Medical Officer of Health

NATURAL AND SOCIAL CONDITIONS

Area (in acres) 52,544. Camelford Rural District is the country from Delabole Point in Port Isaac Bay to Strangles Beach, north of Boscastle, inland to St. Clether and south to St. Beward, and consists for the most part of three plateaux 400 ft. 700 ft. and 1,100 ft. above sea level.

The geology of the District is very complex, due to much faulting and over-thrusting. The rocks in the area west of the River Camel are Upper Devonian, and it is in these beds that the famous Delabole Slate has been quarried for several centuries. Along the northern boundary running east to west is Davidstow anti-cline, the northern flank of which disappears under the culm measures near Boscastle.

The beds in the anti-cline can be seen in the Tintagel Cliff Sections, black shales, slates and volcanics are well exposed. East of the River Camel is the granite mass of Bodmin Moor and at St. Beward a fine silver grey granite of the highest quality is quarried.

Population - The Registrar General has estimated the population for the mid-year 1959 to be 7,220, the same as for the previous year.

Deaths. The total number of deaths assigned to the District for the year was 100 compared with 105 in 1958. The crude death rate based on the mid-year population was 13.85 compared with 14.54 in the previous year.

The following table has been compiled for comparison with previous years:

<u>Year</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Recorded Rate</u>
1955	101	51	50	13.76
1956	90	53	37	12.33
1957	77	43	34	10.66
1958	105	52	53	14.54
1959	100	45	55	13.85

In order to compare the mortality in the District with the mortality for England and Wales, it is necessary to make a correction to allow for the difference in age and sex distribution of the two populations. This is done by applying to the crude death rate of the District, an "Area Comparability Factor" which has been estimated by the Registrar General as .90 for the District.

The Standardised Death Rate, therefore, is 12.46 which may be compared with that of 11.6 for England and Wales.

Births - The number of live births assigned to this District was 94 compared with 105 in 1958. The rate per thousand of the population was 13.02. When the Registrar General's Area Comparability Factor for births (1.13) is applied to this figure, the Standardised Birth Rate of 14.71 for this District compares with 16.5 for England and Wales.

Stillbirths - There was one stillbirth during 1959.

Illegitimate Births - There were 5 illegitimate births assigned to the District during the year, 4 male and 1 female, compared with 6 in 1958. Shown as a proportion of the total number of live births, this represents 5.32 per cent.

Maternal Mortality. No case of death during pregnancy was recorded

Infant Mortality. Five infants, three boys and two girls, died in the first year of life. The causes of death were as follows :-

	<u>Sex</u>	<u>Age</u>	<u>Cause of Death</u>
1)	F	15 hours	Prematurity
2)	M	30 minutes	Prematurity
3)	M	30 minutes	Prematurity
4)	F	5 months	Broncho-pneumonia
5)	M	2 hours	Prematurity

While the general infant mortality rate has shown a considerable improvement since the early part of this century, the mortality of infants within the first week of life has not improved in comparable degree. The fall in post-neonatal mortality has been due in large measure to improved infant care and hygiene, control of infectious disease, advances in treatment of respiratory disease, and improved social conditions generally. Late neonatal deaths (i.e. deaths from 1 - 4 weeks of age) have tended to improve similarly, but deaths in the first week of life are closely related to conditions present before and during birth, and this mortality has remained high. Stillbirths are causally closely connected with deaths in the first week of life and are now linked with them in one mortality group, to which the name perinatal mortality is applied.

To effect an improvement in the perinatal mortality rate is not an easy matter, as knowledge of many conditions associated with it, e.g. toxæmia of pregnancy and congenital abnormalities, is very incomplete. For the more immediate aspect of the problem, essentials are the continuation of a high standard of antenatal care, with the provision of antenatal beds, continued improvement in obstetrics, with adequate beds, both emergency and other, and skilled attention for the premature and weakly infant. From the long term point of view, continued research into toxæmia of pregnancy, the causation of developmental abnormalities and the causes of premature labour is required. A perinatal mortality enquiry, carried out in 1958 by the National Birthday Trust Fund, the report of which is not yet available, may give useful information.

NOTE: Vital Statistics. It is important that too much weight should not be attached to small variations in these rates from one year to the other, particularly where relatively small populations are involved - attention should rather be paid to the trend of these rates over a period of years.

MORTALITY TABLE

<u>Cause of Death</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
1. Tuberculosis, respiratory	2	-	2
2. Tuberculosis, other	-	-	-
3. Syphilitic disease	-	1	1
4. Diphtheria	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal infection	-	-	-
7. Acute Poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other infective and parasitic diseases	-	-	-
10. Malignant neoplasm, stomach	-	1	1
11. Malignant neoplasm, lungs, bronchus	2	-	2
12. Malignant neoplasm, breast	-	2	2
13. Malignant neoplasm, uterus	-	-	-
14. Other malignant and lymphatic neoplasms	2	3	5
15. Leukaemia, aleukacmia	-	-	-
16. Diabetes	1	-	1
17. Vascular lesions of the nervous system	4	10	14
18. Coronary disease, angina	12	6	18
19. Hypertension with heart disease	1	1	2
20. Other heart disease	10	19	29
21. Other circulatory disease	-	5	5
22. Influenza	-	-	-
23. Pneumonia	-	3	3
24. Bronchitis	3	-	3
25. Other diseases of respiratory system	-	-	-
26. Ulcer of stomach and duodenum	-	1	1
27. Gastritis, enteritis and diarrhoea	-	-	-
28. Nephritis and nephrosis	-	-	-
29. Hyperplasia of prostate	-	-	-
30. Pregnancy, childbirth, abortion	-	-	-
31. Congenital malformations	-	-	-
32. Other defined and ill-defined causes	7	2	9
33. Motor vehicle accidents	1	-	1
34. All other accidents	-	1	1
35. Suicide	-	-	-
36. Homicide and operations of war	-	-	-

 45 55 100

GENERAL PROVISION OF HEALTH SERVICE

General Medical Services

General medical services under Part IV of the National Health Service Act, 1946, are provided by medical practitioners resident in the district and in adjoining districts, all of whom undertake maternity medical services.

County Council Services

I Health Department. The County Council is the local health authority for the purposes of Part III of the National Health Service Act, 1946, and provides the following services in the district :-

- (a) Midwifery and Home Nursing : Nurse-midwives are provided to attend general nursing and midwifery cases in the home.
- (b) Health Visiting: The nurse midwives act also as health visitors and, with special training in the care of the mother and young child, are available to give advice on health matters in the home or at the clinic. They act also as school nurses.
- (c) Infant Welfare Centre: Monthly Infant Welfare Clinics are held at Camelford and St. Breward.
- (d) Dental Clinic: Priority dental treatment for expectant and nursing mothers and pre-school children is available at the Dental Clinic at the Health Clinic, Launceston, and at Camelford and Delabole.
- (e) Vaccination and Immunisation: Facilities for vaccination against smallpox and immunisation against diphtheria and whooping cough are provided at the Infant Welfare Clinic or by the supply of materials to the family doctor. Regular sessions are held for poliomyelitis vaccination.
- (f) Home Help Service: Home helps are employed to provide domestic help for households in certain circumstances, a charge being made for this service according to the means of the person concerned.
- (g) Ambulance Service: A service of ambulances for the conveyance of sick, accident and emergency cases is provided. For sitting cases, utilecon sitting case vehicles are used. When appropriate, some cases are carried by the Hospital Car Service, a voluntary organisation. Day-to-day administration of the service is carried out from Ambulance Control, Bodmin.

(h) Prevention of Illness, Care and After-care:

A full-time tuberculosis health visitor is provided for the care and after-care of tuberculous persons. District nurses are available to assist in the home treatment of such persons when required by the Chest Physician or family doctor.

Certain special investigations are carried out in other types of illness by district health visitors, while health education is carried out by the County's medical and nursing staff.

(i) Mental Health: The County Council has certain responsibilities in connection with the ascertainment of mental ill-health and mental deficiency, with the provision of statutory supervision, etc. for mental defectives living in the community, and with the provision of after-care following treatment for mental illness. The Duly Authorised Officer for the District works from the Health Area Office, Launceston.

II Education Department: As local education authority, the County Council is responsible for the School Health Service, which provides the following :-

Periodic Medical Inspection of pupils
Cleanliness Surveys of pupils
Dental Inspection and Treatment of pupils
Ascertainment of handicapped pupils in need of special education
Treatment Clinics as follows :-

Dental Clinic - alternate Wednesdays at Camelford and Delabole, and at Health Clinic, Launceston.

Child Guidance - by arrangement at Plymouth Child Guidance Clinic.

III Welfare Department: This service is concerned with the welfare of the aged, and with that of various categories of handicapped persons. It is concerned also with the provision of temporary accommodation in certain circumstances for persons in urgent need thereof. The Welfare Officer for the district works from the Health Area Office, Launceston.

Hospital Services

The South Western Regional Hospital Board is the hospital authority for the area.

In-patient and out-patient facilities are provided by the Royal Cornwall Infirmary, Truro, the East Cornwall Hospital, Bodmin, Launceston Hospital and hospitals in Plymouth and elsewhere. Cases of infectious disease are admitted to the Scott Isolation Hospital, Plymouth and the Isolation Hospital, Truro, and tuberculosis patients to Tehidy or Didworthy Sanatoria.

Mental hospital accommodation is provided by St. Lawrence's Hospital and Lanival House, Bodmin, and by Moorfields Hospital, Ivybridge, Devon.

An Orthopaedic Clinic is held weekly in Camelford, and physiotherapy clinics are held at Tavistock Hospital, Dawfield Hospital, Holsworthy and at Bodmin. Chest Clinic sessions are held at Launceston Hospital and at the East Cornwall Hospital, Bodmin. An ophthalmic clinic for school and pre-school children is held periodically at the Health Clinic, Launceston and at Camelford. A specialist ante-natal clinic is held at Launceston Health Clinic weekly.

Laboratory Facilities

These are provided by the Public Health Laboratories, Exeter and Plymouth, to which specimens for bacteriological examination are submitted.

SANITARY CIRCUMSTANCES OF THE DISTRICT

WATER SUPPLY

The Water Supplies for the district show no change from those given in the report for 1958, with the exception that the Council is in the process of amalgamating with the Bodmin Borough Council, Padstow Urban District Council and Wadebridge Rural District Council to form a North Cornwall Water Board which will be responsible for supplying the needs of the whole of North Cornwall, including those areas at present supplied by the Bodmin Water Company and the North Cornwall Joint Water Board.

Such an amalgamation can only lead to better supplies throughout the district, particularly during times of drought when local sources, particularly at Boscastle and Camelford, are unable to supply the needs of holiday populations.

WATER SAMPLES 1959

Bacteriological

(i) Public Piped Supplies

Ministry of Health Classification

<u>District</u>	<u>Excellent</u> <u>Class 1</u>	<u>Satisfactory</u> <u>Class 2</u>	<u>Suspicious</u> <u>Class 3</u>	<u>Unsatisfactory</u> <u>Class 4</u>
Boscastle	-	-	-	1
Camelford	-	1	-	-
	-	1	-	1

(ii) Private Supplies

	<u>Excellent</u> <u>Class 1</u>	<u>Satisfactory</u> <u>Class 2</u>	<u>Suspicious</u> <u>Class 3</u>	<u>Unsatisfactory</u> <u>Class 4</u>
Advent	1	-	-	-
St. Clether	-	-	-	1
Davidstow	1	-	-	-
	2	-	-	1
GRAND TOTALS	2	1	-	2

SEWERAGE AND SEWAGE DISPOSAL

The Council's Sewerage Schemes in the parishes of Tintagel, Boscastle, St. Beward, Delabole, St. Teath and Treknow continue to produce satisfactory effluents. The effluent from the Camelford works continued to be unsatisfactory.

Mention was made in the report for 1957 that the present system of sewers and sewage disposal works in Camelford are totally inadequate. Plans are now well advanced for a comprehensive scheme, which will include the hamlets of Trevia and Tregoodwell.

Public Cleansing

A comprehensive scheme covering approximately 90% of the properties in this district is in operation for the collection and disposal of house and trade refuse. Five tips are in operation and none appear to give rise to nuisance, although owing to the nature of the tipping areas it is not possible for controlled tipping to be carried out.

The emptying of cesspits and septic tanks is carried out by private companies and this arrangement appears to be satisfactory in every way.

Prevention of Damage by Pests Act, 1949.

The Council, together with the neighbouring authorities of Wadebridge Rural District and Padstow Urban District, at present operate a joint scheme, but negotiations are proceeding to enable the Council to operate its own scheme independently of the other two authorities and this should provide for a more adequate service than has hitherto been possible.

HOUSING

Although it is no longer necessary for detailed housing statistics to be given in Annual Reports I think it is of interest to note that during the year under review some 457 inspections have been made under the Public Health or Housing Acts and 22 houses were found to be in such a state as to be injurious to health and unfit for human habitation. It was found possible to render fit some 30 houses without the service of formal Notices.

Action was taken under Section 16 of the Housing Act, 1957, in connection with 8 houses and under Section 42 of this Act in respect of 4 houses.

Under the Housing Acts 1949 and 1957, 12 applications were received for Grants and during the year 7 properties had the works completed at a total expenditure of £7,157 towards which the Council made Grants totalling £2,545.

During the year, the House Purchase and Housing Act, 1959, came into force. Under this Act, the former improvement grant became known as a Discretionary Grant, and a new form of grant, the Standard Grant, was introduced.

The new form of grant is a contribution to the cost of providing a house with such amenities as bath, wash-basin, hot water supply, water closet and larder. Properties not eligible for discretionary grants may be eligible for standard grants, and a keen interest has been shown, and continues, in this method of assisting in the modernisation of older houses.

NATIONAL ASSISTANCE ACTS, 1948 and 1951

Section 47 of the National Assistance Act, 1948 deals with the removal to suitable premises of persons in need of care and attention. It places on the Council the duty of securing the necessary care and attention for persons who :

- (a) are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions, and
- (b) are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

The action is taken on the certificate of the medical officer of health, and involves the making of an order, by a court of summary jurisdiction, for the removal of the person concerned to a suitable hospital or other place. The order is effective for up to three months and is renewable by the court for similar periods. It applies mainly to aged persons living in insanitary surroundings to whom the other conditions of the section apply, and is taken, as a rule, only after the failure of all efforts to persuade the individual to enter voluntarily some institution where the necessary care and attention are available.

The National Assistance (Amendment) Act, 1951, modified the procedure to allow of the removal of such persons in conditions of urgency on the order of a single magistrate after the submission of certificates by the medical officer of health and one other medical practitioner, for a maximum period of three weeks. This period may be extended, if necessary, by the action laid down by Section 47 of the main Act.

It was unnecessary to take any action under these Acts during the year.

INSPECTION AND SUPERVISION OF FOOD

1. Milk

Under the Milk (Special Designations) (Pasturised and Sterilised) Milk Regulations, 3 licences were issued to traders outside the area to sell raw tuberculin tested milk in the area. 3 licences were also issued to enable dealers whose premises are within the District to sell milk under the Special Designation Pasteurised Regulations.

2. Ice-Cream

There are 30 premises registered for the sale and storage of ice-cream and of these only one manufactures the product. It is now possible for Local Authorities to exercise more stringent control over ice-cream manufacturers and mainly due to the co-operation of the trade, the day of the individual manufacture of ice-cream has disappeared in favour of the five or more larger manufacturers.

3. Condemnation of Unsound Food

During 1959 the quantity of food condemned was as follows :-

	<u>Qrts.</u>	<u>lbs.</u>
Tinned Cooked Ham	2	5
" Chopped Pork		4
" Corned Beef		6
" Pork Luncheon Meat		16
" Lunch Tongues		6
Topside Beef	1	7
6 cases Ducks	4	17
Tinned Peaches		16 $\frac{1}{4}$
	9	21 $\frac{1}{4}$

4. Meat Inspection

There are no licensed slaughterhouses in the district. The majority of home killed meat is supplied by the Launceston or Wadebridge Abattoirs where meat inspection is virtually one hundred per cent.

FACTORIES ACT, 1937

Classified List of Registered Factories as
at 31st December, 1959

<u>Nature of Employment</u>	<u>Power</u>	<u>Non-Power</u>
1. Blacksmiths	-	2
2. Motor Repairs, Garages	7	4
3. Carpentry, Joinery and Sawmills	3	4
4. Monumental Masons	1	-
5. Plumbers	-	-
6. Bakeries	3	-
7. Coach Painters	-	-
8. Granite Works	1	-
9. Knitwear	-	1
10. Bootmaker, Harness and Boot Repairs	1	1
11. Pottery Manufacturing	2	-
12. Cheese	1	-
13. Processing Slate Granules	1	-
14. Engineering	1	-
15. Concrete Products	2	-
16. Egg Grading and Packing	2	-
17. Cabinet Maker	-	1
18. Animal Foodstuffs	1	-
19. Domestic Electrical Repairs	1	-

Prescribed Particulars on the Administration of the Factories Act, 1937 are attached as an appendix to this report in accordance with circular 1/60 of the Ministry of Health.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS
AND OTHER DISEASES.

The infectious diseases which are statutorily notifiable to the Medical Officer of Health are the following : - Smallpox, cholera, diphtheria, membranous croup, erysipelas, scarlet fever, typhus fever, typhoid fever, paratyphoid fever, relapsing fever, plague, poliomyelitis, tuberculosis, malaria, dysentery, puerperal pyrexia, ophthalmia neonatorum, acute primary pneumonia, acute influenzal pneumonia, whooping cough, measles, acute encephalitis, meningococcal infection and food poisoning.

The monthly incidence of infectious disease is shown in Table III.

Smallpox. No case was reported during the year, during which 62 primary vaccinations and 8 re-vaccinations were carried out.

Diphtheria. No cases were notified during the year. 87 children received a complete course of primary immunisation, the triple antigen against diphtheria whooping cough and tetanus being used in almost all cases.

Measles. Five cases were notified during 1959.

Whooping Cough. One case of this infection was notified during the year.

Meningococcal Infection. One case of meningococcal meningitis, an infant, was notified in March. The infection was relatively mild. Routine precautions were taken, and no further cases occurred.

Scarlet Fever. One case of this infection, a child, was notified in August.

Poliomyelitis. One case of non-paralytic poliomyelitis was notified in August. This was a child who had been immunised, and the infection was a mild one. The usual precautions were taken, no further cases being notified.

Vaccination against this disease continued, 469 persons in all the eligible age-groups and priority classes receiving the primary course of two injections during 1959. By the end of the year, 1445 persons had received the course of two injections since the beginning of the scheme in 1956, and of these, 910 had also had their third injection.

Food Poisoning. Four cases of food poisoning were notified during the year. These were all holidaymakers who suffered from mild symptoms of gastro-enteritis. No investigations were possible in the first case, who had left the district by the time the formal notification was received. Bacteriological confirmation was not received in the other cases.

The occurrence of mild gastro-enteritis is not uncommon in holidaymakers, and not in this Rural District only. Investigations seldom reveal any specific bacteriological cause. There is no doubt that the change in daily routine and in diet may account, on purely physical grounds, for some degree of gastro-intestinal upset, especially at the beginning of the holiday. The itinerant holiday so popular at the present time, however, with its frequent bed-and-breakfast changes, its alfresco meals and habit of eating in a variety of restaurants and cafes here and there over a wide area, does give rise to the danger, not only of food poisoning, but also of other intestinal infections. The whole country moves far and fast in holiday time now, in contrast with the ritual and almost static month by the sea of a relatively small number, in former days. This social change is attended by its epidemiological hazard.

Tuberculosis.

	Males		Females	
	Pul.	Non.Pul.	Pul.	Non.Pul.
Cases on Register 31.12.58	22	6	14	2
No. of cases notified				
during the year	10	1	3	1
Cases Restored	-	-	-	-
Inward Transfers	-	-	-	-
Cases Removed	2	1	2	-
<hr/>				
Total on Register 31.12.59	30	6	15	3
<hr/>				

No action was found to be necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, in connection with persons suffering from pulmonary Tuberculosis employed in the milk trade, or under Section 172 of the Public Health Act, 1936, which deals with the compulsory removal to hospital of persons suffering from Tuberculosis.

The Regional Hospital Board is responsible for treatment of Tuberculosis patients and the County Council for the prevention of spread of the disease and after-care of the patients.

Out-patients and contacts are seen by the Chest Physicians at the Chest Clinics at Launceston Hospital, and East Cornwall Hospital, Bodmin. The County Council Tuberculosis Health Visitors attend the Clinics, follow up the patients in their homes, trace contacts and sources of infection and thus acting as most valuable and essential "liaison officers" between the curative and preventive services, bridge a most alarming gap.

All susceptible contacts in the District are offered B.C.G. Vaccination, and most avail themselves of this method of protection.

The scheme for B.C.G. Vaccination of susceptible school leavers continued during the year, again with an excellent response.

OTHER DISEASES

Cancer of the Lung. During 1959, a further two deaths, both of males, were certified as being due to cancer of the lung, the total number of deaths from all forms of cancer during the year being 10, 4 male and 6 female. This brings the total of deaths from this form of cancer since 1949 to 13, 10 male and 3 female. During the same period, there have been 63 male and 91 female deaths from all forms of cancer.

TABLE ITUBERCULOSIS

Age and Sex Distribution of Cases and Deaths
1959

<u>Age Groups</u>	<u>New Cases</u>				<u>Deaths</u>			
	<u>Pul.</u>		<u>Other</u>		<u>Pul.</u>		<u>Other</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
0 -	-	-	-	-	-	-	-	-
1 -	-	-	-	-	-	-	-	-
5 -	1	-	-	1	-	-	-	-
15 -	-	-	-	-	-	-	-	-
20 -	2	-	-	-	-	-	-	-
25 -	-	1	-	-	-	-	-	-
35 -	1	1	1	-	-	-	-	-
45 -	1	1	-	-	-	-	-	-
55 -	3	-	-	-	-	-	-	-
65 and over	2	-	-	-	2	-	-	-
Age unknown	-	-	-	-	-	-	-	-

TABLE IIVITAL STATISTICS

YEAR	POPULATION (Estimated)	BIRTHS		DEATHS			
		Number	Crude Rate	Under 1 year		All ages	
				Number	Rate	Number	Rate
1955	7,340	88	12.26	3	33.33	101	13.76
1956	7,300	76	10.41	-	-	90	12.33
1957	7,260	94	12.94	1	10.63	77	10.66
1958	7,220	105	14.54	7	66.66	105	14.54
1959	7,220	94	13.02	5	53.19	100	13.85

TABLE III

Monthly Incidence of Notifiable Diseases (other than Tuberculosis)

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Scarlet Fever	-	-	-	-	-	-	-	1	-	-	-	-	1
Measles	-	-	-	-	1	3	-	1	-	-	-	-	5
Whooping Cough	-	1	-	-	-	-	-	-	-	-	-	-	1
Acute Pneumonia	-	-	1	-	-	-	-	-	-	-	-	-	1
Food Poisoning	-	-	-	-	-	1	3	-	-	-	-	-	4
Puerperal Pyrexia	-	-	-	-	1	-	-	-	-	-	-	-	1
Meningococcal Infection	-	-	1	-	-	-	-	-	-	-	-	-	1
Poliomyelitis (Non-Paralytic)	-	-	-	-	-	-	-	1	-	-	-	-	1
	-	1	2	-	2	4	3	3	-	-	-	-	15

APPENDIX

FACTORIES ACTS, 1937 to 1959

Prescribed Particulars on the Administration of
the Factories Act, 1937.

Part 1 of the Act

1 - INSPECTIONS for purposes of provisions as to health

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities. (i.e. Factories without power)	13	32	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority (i.e. Factories with power)	27	27	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' Premises) (i.e. Electrical Stations, Institutions and Sites of Building Operations and Works of Engineering Construction)	9	30	-	-
Total	49	89	-	-

2 - Cases in which DEFECTS were found

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (Section 1)					
Overcrowding (Section 2)					
Unreasonable temperature (Section 3)					
Inadequate Ventilation (Section 4)					
Ineffective drainage of Floors (Section 6)					
Sanitary Conveniences (Section 7)					
(a) Insufficient					
(b) Unsuitable or defective					
(c) Not separate for sexes					
Other offences against the Act (Not including offences relating to outwork)					
Total					

PART VIII of the Act

Outwork

(Sections 110 and 111)

